

Return to:  
SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
(605)773-4845  
Fax (605)773-4550

## LETTER OF CONSENT

### TO USE SIMILAR NAME

The undersigned corporate officers, general partner of a limited partnership, or holder of reserved or registered name, or a general manager/member of a limited liability company of

\_\_\_\_\_

Hereby grant consent to the use of the name of

\_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Corporate President or Vice-President signature

**Corporation**

\_\_\_\_\_  
Corporation Secretary or Assistant Secretary signature

\_\_\_\_\_

**Limited Partnership**

\_\_\_\_\_  
General Partner signature

\_\_\_\_\_

**Limited Liability Company:**

\_\_\_\_\_  
Manager/Member signature and title

(constname)